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ABSTRACT

This paper presents a discussion of the training of pediatric psychology interns at the University of Virginia Medical Center. The role of the intern as a member of an interdisciplinary team is emphasized. It is suggested that an understanding of organizational theory and group dynamics can facilitate the functioning of the intern as a team member. The ability to communicate in a variety of ways with other team members is considered of primary importance for the psychology intern. According to this paper, in order to facilitate this communication, the intern must possess a fundamental knowledge of child development and special pediatric problems supplemented by training in the psychosocial concomitants of these problems. A basic understanding of the terminology and concerns of other team members is also emphasized for the facilitation of team functioning. The role of the psychology intern in presenting information, communicating concerns and encouraging feedback within the team is also described. (BD)

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The Pediatric Psychologist as "Polyglot", or Training Students to Communicate Clearly in a Multidisciplinary World

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The title of this paper reflects the orientation of the program in Pediatric Psychology at the University of Virginia Medical Center. It further reflects todays emphasis upon the multidisciplinary health care team as the model of diagnosis and treatment in pediatric settings especially those dealing with developmental disabilities. In this paper I shall conceptualize the multidisciplinary team as an interdependent, functional system, of which the pediatric psychologist is an integral member. I shall also discuss the impact of working within such a system upon the training of students just beginning their internships in pediatric psychology.

Because pediatric settings often take a multidisciplinary perspective of the child and the family, they provide a unique opportunity to analyze the interrelationships of team members with one another and with patients and their families. They further assist the student beginning his professional training in pediatric psychology to define his or her role as a member of that system.

Goals of Training Program

The multidisciplinary approach has some very clear implications for the direction of training programs in pediatric psychology. Thus, one important goal of the training program in pediatric psychology at the University of Virginia Medical Center is to teach young pediatric psychology interns to recognize the dynamics of the multidisciplinary system of which they are a part. Second, a related goal is to assist these interns in learning how to

affect change within this multidisciplinary system. A final goal is to teach them how to facilitate communication among professionals working within the system, as well as related systems such as family, school,and the community.

Clearly, we are in the midst of some significant changes in therapeutic intervention with children and their families. Workers like Minuchin, Haley, and Bowen have shown us that families are complex, interdependent systems which strive to attain a level of homeostatic balance, and to maintain it. Others, working within industry and the community have shown us that business organizations, schools, and community agencies also function according to the principles of systems theory. Few would deny that the principles of systems theory could be easily applied to a multidisciplinary treatment team. However, it is often difficult for the student first embarking upon his/her clinical training in pediatric psychology to realize that the team of which he/she is a member is, in fact, such a system and reacts as such. It is even more difficult to convince the student that as a member of this system he is both influencing the behaviors of his fellow team members and, in turn, being influenced by them. This point is summarized quite clearly in the following comment by one of our recent trainees. After lenghty discussion of a very tough case, which was clearly dividing house staff and nursing staff, he stated, "You know, Bob, sometimes I think that I'm doing more therapy with the staff than I am with (and he mentioned the patient's name)". This comment, spoken with genuine surprise and more than a mild degree of insight, was just the beginning of this student's perception of himself as an integral part of a system which was not functioning very smoothly. What the intern was beginning to learn, in working with members of the treatment team was the basic

axiom of all health care delivery systems: That the design of any program of intervention, regardless of orientation, is only as good as those individuals who implement that program. This is a statement with which we would all agree; indeed it is so obvious as to be trite. Yet, I have found that students are genuinely surprised when programs which they have developed for other team members are not followed and, indeed, are often silently abandoned by them. As practitioners of clinical psychology, we have all experienced the family who clings steadfastly to a non-adaptive strategy of interaction and simply refuses to follow our recommendations. But the fact that our own team members, our colleagues, might silently disagree with our treatment program, even to the point of sabotaging it by altering its structure or not implementing it, comes as a real shock and bitter disappointment to the beginning intern.

The second thing which the pediatric psychology intern quickly learns is that a program of treatment will only be implemented if the psychologist maintains constant communication with other team members who are responsible for its implementation. It is to this topic of communication that I shall now turn.

For some time now, I have been convinced that psychologists, largely because of their academic and professional training are those individuals on the multidisciplinary team best suited to function as communication specialists, insofar as psychosocial problems are concerned. The psychologist's academic training, which ranges from molecular topics like physiological psychology to molar ones like group dynamics places him/her in a unique position on the team by enabling him to conceptualize problems from several different levels. This broad training of the psychologist enables him/her to

communicate to several team members, many of whom may have very different outlooks on the same problem, or differing degrees of familiarity with it. Thus, I feel that it is the pediatric psychologist who is most naturally able to communicate in many different ways with his colleagues, to be able to play the role of "polyglot".

Before the pediatric psychology intern can begin to communicate with his/her colleagues in other areas, he/she must master skills in his/her own area. The first requisite to professional training in pediatric psychology is to develop a competence in child development; and, specifically, that area of child development dealing with special pediatric problems. We have been very fortunate in our program to have students come to us with more than the basic skills in child development and in psychological assessment and therapy. It is during this early period, however, that the pediatric psychologist learns the assessment procedures which pertain to the special children found in our setting. Here I am talking about children who show developmental disorders, who are physically handicapped, who have hearing or visual impairment, or who are clear behavioral problems. It is also at this level of training that the pediatric psychology intern begins to learn and implement various therapeutic procedures such as behavior therapy and family therapy.

Such skills are supplemented by intensive training into the psychosocial concomitants of acute and chronic disease, and the area of exceptionality, in general. This is accomplished by having the pediatric psychology intern attend a series of weekly seminars held throughout the year devoted to a discussion of both normal and abnormal child development. Such seminars include pediatric

housestaff, child psychiatry residents, behavioral pediatric fellows and social workers in addition to the pediatric psychology trainees. They include didactic lectures and actual case studies dealing with psychological problems of children and their families who have been hospitalized in the past at our Center. Attending these seminars provides the beginning pediatric psychology intern with the background in child development and pediatrics which we view as vital to his/her early training.

The next objective of the training program is for the pediatric psychology trainee to learn the terminology of his/her colleagues. Obviously, attending pediatric rounds, and hospital inservices abet this goal; so does reading the patient's chart. However, we have found that all of these procedures while useful often provide the student with a rather disjointed picture of what actually concerns members of the multidisciplinary team. Thus, from the very outset of their training our students are required to follow a patient through a typical day, going with that patient to various disciplines ranging from pediatrics to occupational therapy. We feel that this assists the new trainee in developing an integrated percept of the team at work and assists him in determining the goals other team members hold for a particular patient. In these initial interactions with other team members, the student is encouraged to ask questions and to see how non-psychologists view the patients problem. We have found that by introducing the new intern to the language and ideas of other team members we are tapping one of the very real strengths of the multidisciplinary team; namely, the "child oriented" perspective which although it incorporates all of the views of the team, has no one dominant viewpoint.

Once the student begins to understand some of the concerns of other team members and has at least the basic terminology which they employ, he sets about

to attempt to communicate with these individuals. One of the first ways in which the student begins to do this is to give a verbal report to other members of the team in a large patient staffing which is held twice every week. Here the objective of the report is not to impress the staff of ones knowledge of psychological jargon, but to communicate his concern to his colleagues and listen to theirs. The point that is made on repeated occasions during supervision is that it benefits no one if the listener knows little of what is going on behaviorally with a given patient. Thus, it is encumbant upon the psychology intern to be as clear and concise in his communications to others as possible.

A second technique of communicating concerns to other team members is to have the intern, under close supervision, delineate in clear,understandable terms, a treatment program for his assigned patient. This program is placed in the patient's chart in clear view and is often attached to the patient's bed when appropriate. To ensure that the program is understood, the intern spends much of his time with an attendant or nurse who is working with the designated patient. He not only reviews the program with the attendant, to be certain it is understood, but models the program with the patient on the ward. It is important to point out that although the program is initially developed by a psychologist, this is always done in consultation with other team members who work with the patient on a daily basis.

At this point, it becomes an important step in the training program to convey to the student that an integral part of the communicative act is to receive and, indeed, to encourage feedback from other team members regarding the program's efficiency. The key to receiving feedback may be summarized in a single word - availability. New students soon find that making themselves

available to nursing staff is a major factor in whether a particular program is successful. Moreover, the student soon finds that availability at particular times of day is more gratifying than it is at others, in ensuring program implementation. The time that we have found to be most suitable is at nursing report, when the nursing staff and attendants change shifts, go over orders and share information. By being present at such shift changes, the pediatric psychology intern may inquire how a youngster is doing on a particular program, and thereby, facilitate communication between members of the various shifts so that changes may be implemented or program continuity maintained. We have also found that feedback is greatly assisted by providing team members, especially attendants, with a log. Although this log does not serve as an official hospital chart for the patient, it is something in which an attendant may write observations and provide both narrative and behavioral information about particular aspects of the program. This log is typically brought to such meetings.

A final technique which we have found to be extremely useful in obtaining feedback from the medical staff is to require that all pediatric interns attend walk rounds with housestaff and attending physician, once a week. This, we feel, accomplishes several goals. First, it provides the intern with the medical perspective on a given case, which is a vital and important learning experience. Second, the opportunity to get involved in rounds of this type is one which assists the new pediatric psychologist in assisting housestaff to better formulate questions of referral. It is significant, that after implementing a procedure of attending walk rounds with our housestaff, referral questions have become much more clearly delineated than in the past.

I should like to conclude my remarks by discussing how the pediatric psychologist can enhance communication surrounding psychological issues among other members of the treatment team. In our facility we have recently begun a weekly conference, the purpose of which is to plan for a child once he/she has been admitted to the Center and to also plan for that child's followup once discharged. Attendance at this conference is required of all pediatric psychology interns. Typically, the conference is coordinated by a psychologist or a psychology intern. The model used in the conference is one which cast the psychologist in the role of conference facilitator rather than leader. We have selected this role for several reasons. First, past conferences of this type typically brought in an outside "expert", usually a psychiatrist, to whom a specific patient was "presented" by the pediatric housestaff. We found that such consultants were clearly the center of attention at the conference, a fact which caused large segments of the treatment team to remain silent and not get actively involved in discussion. Indeed, over several months, we noted that many individuals outside of the pediatric and pediatric psychology staff simply stopped coming to these conferences. This prompted us to modify this model by changing the role of the conference leader. Rather than seeing the leader as the enlightened member of the group, we decided to cast him in the role of group facilitator. In this role, the psychologist or psychology intern views his function as directing and clarifying communications between members of the treatment team. We have found that this more democratic leadership style elicits much greater involvement and discussion among team members, that it provides a clear delineation of function, and that it elicits open expression of disagreement, a fact which has led to fewer breakdowns of programs on the ward. Although the students in our program

have yet to function as facilitators in such conferences, we anticipate that this will be a role which they will take on within the next several months of their rotation.

In conclusion, we feel that our training program at Virginia, although incorporating many of the customary experiences of assessment and therapy, may have the added feature of assisting the new pediatric psychology student in better delineating his/her role as a member of a complex, and often confusing, health-care system. The methods which are used in this training program are rooted within a role orientation of what the pediatric psychologist ought to be in a multidisciplinary setting. This role orientation argues that it is not enough that a pediatric psychology intern be skilled in administering and interpreting a number of standardized instruments and sharing the findings with other psychologists. Nor is it sufficient that he/she learn to do therapy within the confines of an office. In addition to these skills, which are clearly necessary in training pediatric psychology interns, we have attempted to convey to our students that they must serve as "communication specialists" on the multidisciplinary team. In our opinion, a program which encourages the student to learn the role of other team members and to communicate clearly with members of other disciplines come very close to realizing these ultimate training goals.